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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application:
Rajeev Joshi et al.

Serial No.: 10/618,113

Filed: July 11, 2003

For: WAFER-LEVEL CHIP SCALE PACKAGE AND
METHOD FOR FABRICATING AND USING THE
SAME

Confirmation No. 8697

Group Art Unit: 2829

Examiner: Zarnecke, David A.

Mail Stop Non-Final Response
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

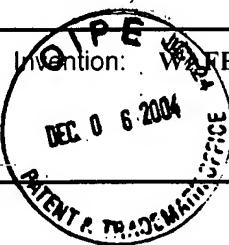
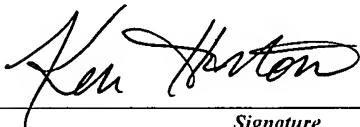
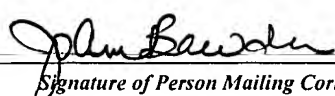
AMENDMENT AND REQUEST FOR RECONSIDERATION UNDER
37 C.F.R. §§ 1.111 AND 1.115

In response to the Office Action mailed September 1, 2004, Applicant requests reconsideration of this application in light of the following amendments and remarks.

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:
Commissioner for Patents, Alexandria, VA 22313-1450, on this 1st day of
December 2004.

Signed: 

12/1/2004

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 11948.21	
Applicant(s): Joshi, et al.						
Application No. 10/618,113	Filing Date July 11, 2003	Examiner D.A. Zarnecke	Customer No. 27,966	Group Art Unit 2829	Confirmation No.	
<div style="float: left; width: 15%; text-align: center;">  </div> Invention: WAFER-LEVEL CHIP SCALE PACKAGE AND METHOD FOR FABRICATING AND USING THE SAME						
<u>COMMISSIONER FOR PATENTS:</u> Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	28 -	33 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	5 -	8 =	0 x	\$88.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0843 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: December 1, 2004			
Kenneth E. Horton, 39,481 Kirton & McConkie P.O. Box 45120 Salt Lake City, UT 84145 (801) 328-3600			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>December 1, 2004</u> (Date)  _____ Signature of Person Mailing Correspondence JoAnn Bawden _____ Typed or Printed Name of Person Mailing Correspondence			
CC:						